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Maritime Medical News

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XVI. HALIFAX, NOVA SCOTIA, APRIL, 1904. No. 4

111

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(Pass Primary M. D., C. M. examination).

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Therapetics.)

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology, Clinical Medcine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Aanatomy.
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GENERAL DIRECTIONS—Always heat in can (never on a cloth) by placing it in hot water. Do not allow the water to get into the medicine. When as hot as can be borne, take a suitable knife and apply as quickly as possible, spreading the Antiphlogistine on the skin over the affected part, at least an eighth of an inch thick and covering promptly with a liberal supply of absorbent cotton and a suitable bandage or compress. Needless exposure to the air or contact with water markedly reduces the remedial value of Antiphlogistine, hence make all applications quickly. Remove dressings as soon as they will peel off nicely—in twelve to twenty-four hours.

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Extract from Constitution:

"All registered practitioners in the Maritime Provinces are eligible for membership in this Association."

All who intend to read papers at this meeting will kindly notify the Secretary as early as possible.

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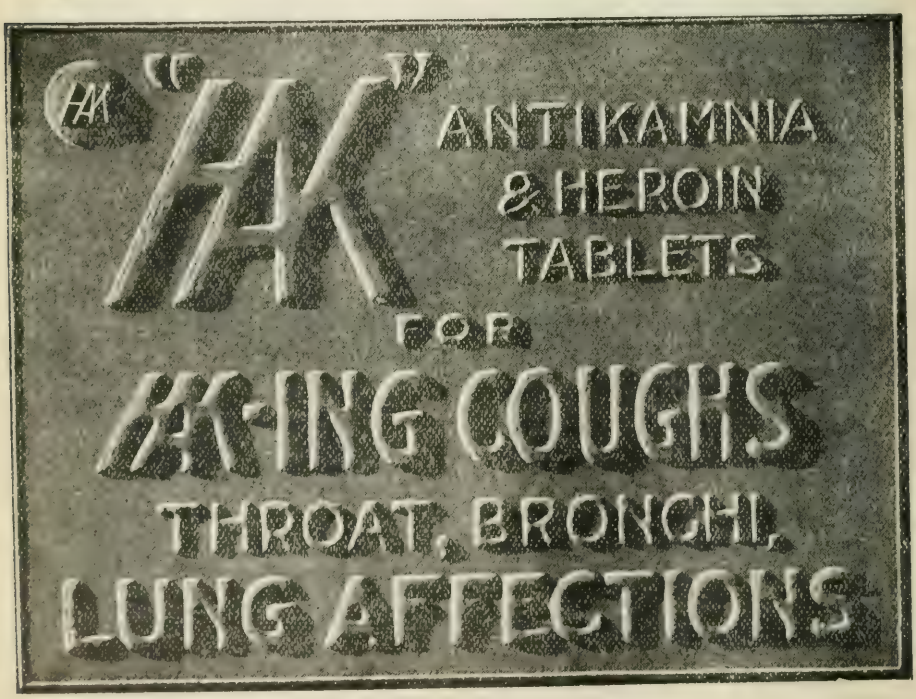

THE
MARITIME MEDICAL NEWS.
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Original Communications.

MEDICINE AND SURGERY IN SOUTHERN CALIFORNIA.*

SMITH L. WALKER, B. A., M. D., Truro, N. S

Having recently spent two years in Southern California, a few notes on conditions there may be of some interest to the members of the Colchester County Medical Society.

These were two years of freedom from frost, snow, slush, rain frozen roads and mud. Two years with 350 days of bright sunshine in each year, when flowers were ever in bloom, fruits blossoming and ripening all the year, and vegetables and cereals growing continuously. The hottest days were never uncomfortable, and all the nights were delightfully cool. This accounts for the great rush of tourist travel to Southern California from November to April. During December, January and February, nearly every week the Southern Pacific and Santa Fe railroads bring eight to ten thousand visitors to this land of sunshine and flowers. Many of these are wealthy annual visitors, many are invalids, and many more come to see and to stay. To this latter class the marvellous growth of the City of the Angels may be attributed. A safe prediction is that the present population of Los Angeles of 125,000 will be doubled by 1910.

A city which is thus the Mecca for wealthy tourists and invalids is naturally well supplied with physicians—about one for every 175 of population—to say nothing of multitudes of eclectics, osteopaths,

*Read before Colchester County Medical Society, January, 1904.

physic and Divine healers, Eddyites, electro-medical specialists, and numberless advertising quacks and charlatans. Since December, 1901, a decided effort has been made to put the unregistered "doctor" out of business. A State Medical Board was then established composed of representatives of the Regular, Homeopathic and Eclectic Medical Societies. All who had registered under the old law, which only required the presentation of a diploma, were enrolled by this Board, but all applicants for registration since that date have been compelled to pass a rigid examination before the Board. The different medical societies also set aside a portion of their funds for the purpose of prosecuting illegal practitioners. The work of the Board has been hampered greatly by opposition from bodies of irregular practitioners and by certain factions in the regular profession; but the standing of the professsion in the state is already much improved. One marked result of this state examination has been to keep out a large number of practitioners from other states who have outlived their usefulness in their own states or who have been compelled to seek a milder climate. In the examination held in July, 1902, twenty out of forty-three applicants had been in practice elsewhere from two to twenty-five years; but only three of these succeeded in obtaining the required general average of 75%. An allowance is made in anatomy, physiology, and pathology where 60% is the pass mark, but the whole average must be 75%. In the summer examinations of 1903, eighty-nine of the applicants were recent graduates of California medical colleges, and 84.2% of them passed; sixty-seven applicants were graduates of other colleges, and only 52% passed. Of this latter number, about one-half had been in practice from five to thirty-five years, and only 40% of them were successful; the other half being recent graduates from schools outside of California were successful to the extent of 72%, as against 84.2% of California graduates. There are now five regular colleges of medicine in the state, and their graduates are much more successful in the state examinations than those from other colleges. Without any question there is a desire on the part of the Board of Examiners to keep the field primarily for their own students. The diploma from another state is not recognized unless the matriculating and professional requirements are equivalent to theirs, and they recognize

California diplomas in return. As in Canada, the question of medical reciprocity is far from being on a satisfactory basis, and it will be many years before it is accomplished.

The hospitals of Los Angeles are a credit to the medical profession, for, with the exception of the magnificent County Institution for the Poor and the sightly and commodious Sisters' Catholic hospitals, they are nearly all owned and controlled by individuals or companies composed almost entirely of doctors. The best of them are handsomely furnished with from two to five operating rooms of the most approved character. The poor man or woman has no right to be sick in Los Angeles, for hospital charges range from $15 to $50 per week, and special nurses, if required, $25 per week extra, besides drugs and the physicians' charges. Physicians' fees partake of that characteristic elasticity which estimates the ability of the patient to pay—feeling his pulse means feeling his purse. Day visits, $2.5[illegible]; night visits, $5.00; office consultation, $1.50 to $5.00; and if you come with an introduction from a leading eastern surgeon, the office consultation fee may more likely be $15.00. Operations are charged for without any unanimity save to obtain all the patient will or can stand. A wealthy man pays $1500 for an ordinary appendectomy, and the same surgeon will operate for another man for $50. Hysterectomies are scaled from $100 to $3000. A moderate charge for a Colles' fracture is $75.00, while other fractures bring from $100 to $500. The minimum charge for obstetrical cases is $25.00. As far as possible all the sick are sent to the hospitals, particularly by those physicians fortunate enough to hold stock in some of the paying institutions. The public generally recognize the advantages of good nursing, and trained nurses are in good demand, and are paid $25 and $30 per week. All of the hospitals have training schools connected with the institution, but the training received in the private hospitals is not as thorough as that secured at the County Hospital. But the nurses in the former acquire a more extended acquaintance with the busiest practitioners which is of great advantage when they are ready for private nursing.

The grasping, rustling, hustling spirit of the average Yankee seems to pervade the profession in Los Angeles, and by the majority success is gauged by the amount of work accomplished and profits secured.

Yet there are very many physicians who aspire to be prominent and successful in a better sense, and the work of these men, both in medical societies and in general practice, will compare favorably with that of any other body of physicians. Probably a dozen physicians each year will spend from three to nine months in study in Europe, and three times that number will visit the hospitals and schools of Chicago, New York and Baltimore for longer or shorter periods. The older men, who did not have the scientific laboratory training now afforded the medical student, have associated with them recent graduates who are well prepared along the lines of modern scientific diagnosis, and the combination is a strong one. Few physicians from the east visit Los Angeles, save as ordinary tourists, but a number from Mexico, Texas, and Arizona come in during the summer months for hospital and laboratory work. Dr. Lorenz, the Vienna specialist, spent a week in the city, held a number of clinics, and was royally entertained. After his departure the local surgeons joined the chorus of critics all over the country. The American surgeon, strong in the belief in his own infallibility, is apt to discredit the innovations of outsiders. It is a national characteristic based upon the maxim—"we are the people."

The general practitioner in Los Angeles, who does whatever surgery that offers (and nearly every general practitioner believes himself a surgeon), begins his day's work early in the morning. All operating, save emergency work, is done in the morning, beginning at seven o'clock, and the hospital operating rooms are general vacant after 11 a. m. All physicians religiously observe their office hours, generally both morning and afternoon, and only absence from the city will induce them to omit or curtail these hours. The amount of office practice is very large, and much of it is gynæcological, four-fifths of the patients being women. The corporation surgeons are apt to overdo their office work, as when a patient will go to a surgeon's office ten days with a temperature running from 103° to 105°. Then, too, often a patient is seen in the office one day and operation advised, the patient goes to the hospital that day or the next and the following morning is operated on—there is not the careful study of each individual case. Yet the western surgeon has implicit confidence in his own ability, and the patient's surroundings,

nursing, etc., pull him through safely. Critically speaking, however, much of the surgery in Los Angeles will hardly come up to the average of city surgery either as regards methods or results. Of the profession throughout the southern portion of the state, with very few exceptions, the standing of its members is not high. The really good men and the self-assured men nearly all gravitate to the city, and "ordinary" describes these members as a whole.

The chief diversion of the California physicians appears to be politics. In every convention are present as large a number of doctors as lawyers, and they are active, influential members. The present Governor of the state is Dr. George C. Pardee, an eye and ear specialist of Oakland. In Los Angeles the most prominent and influential politicians will be found in the medical profession. One of such physicians is said to be the shrewdest political manipulator in the state. He, however, gives a brilliant example to what diversity of interests one man can successfully give attention. In training and ability he would be a leading gynæcologist, and until within a year he ably filled this chair in the medical college. He is now dean of the faculty, editor of the leading medical journal of the state, manager of the largest and best paying hospital in the city, manager of a famous health resort and summer hotel, the founder and chief trustee of a large state reformatory or industrial school, a director of the largest and oldest bank in the city and a member of numerous other corporations, a member of half a dozen fraternal orders and a most successful real estate investor. Behind this great versatility of mind, there is a pertinacity of purpose which never recognizes the word failure, and which sooner or later brings about the desired end.

The work of some of the surgeons will be of great value to the observer. The rapidity of some of the operators is astonishing. A child will be taken from its room to the operating-room, anæsthetized, have tonsils and adenoids removed, and be returned to his room, conscious enough to expectorate the blood, all inside of five minutes. Simple amputation of the breast, five minutes; ordinary appendectomy or oophorectomy 12 to 15 minutes; vaginal hysterectomy, 17 minutes; prostatectomy, 25 minutes. These are the records of one surgeon whom it is a delight to watch. On the other hand, one

surgeon is almost tedious in his attention to minutiæ before, during and after his operations. He is the only man who confines himself strictly to operative surgery, and, in a city where every general practitioner believes himself a surgeon, he does not receive much support from the profession in general. He is the most scholarly surgeon in the city and is both classical and didactic in his work. He believes in the most thorough preparation of the patient for weeks if possible, and is most painstaking to avoid shock. His patients are kept on the table often twice as long as the average case, but are taken to the room almost invariably in good condition. In closing his wounds he will use two or three continuous catgut sutures, and finally silver wire subcutaneously, procuring the least possible scar. The majority of surgeons in closing an abdominal wound of three inches will only use half a dozen interrupted through and through silk-gut sutures.

The surgeon who does the most and best work in the city still clings to his general practice, but his inability to work thirty-six hours in every twenty-four will soon compel him to confine himself wholly to surgery. Possibly his best work is in vaginal hysterectomies. After the anterior and posterior dissections have been made and the uterine arteries have been ligated he usually bisects the uterus. It enables him to work easier and quicker. He never uses the angiotribe, seldom leaves the clamps in position, use heavy catgut ligatures, little or no drainage, and the opening is generally closed. The operation seldom takes over thirty minutes. In appendicitis he advocates operation in the first twenty-four hours, and he makes an inch and a half incision.

The cases of which the general practitioner will see the most are tuberculosis, typhoid, rheumatism, epidemic pneumonia, diphtheria, scarlet fever, small-pox, and all varieties of gynæcological and genito-urinary work.

In typhoid, cold tub baths and spongings, with a nourishing liquid diet, by no means confined to milk, is routine treatment. Hemorhages are frequent, but stimulants and saline infusion are successfully employed. The surgeons believe in immediate operation upon the first signs of perforation. Epidemics of diphtheria are frequent—

immediate and large doses of antitoxin constitute the treatment; one case of sixty thousand units with recovery is reported.

Appendicitis is fashionable and therefore frequent, and every practitioner operates. Many operations are for chronic cases, which, however, often continue to have subsequent inflammatory attacks in the same region. The turned-in cuft with purse-string suture, without cauterizing, is the favorite closure of the stump.

The appearance of the plague in Mexico, SanFrancisco and other coast towns was the signal last year for a crusade against rats and a pretension of cleansing the Chinese quarters.

The problem of tuberculosis is a vital one in Los Angeles and vicinity. The best authority on this subject states that one hundred and fifty thousand die of tuberculosis every year in the United States alone, that seven millions now have the disease, and that five hundred thousand will be attacked by the disease this year. With these appalling figures in mind, and remembering the supposed advantages of a climate such as is found in Arizona, California, Colorado, and elsewhere, it is not surprising that thousands of tubercular subjects seek these favored states and territories every year. The vital statistics of Los Angeles show that 50% of the deaths are of persons who have resided in the city less than one year, and these are nearly all cases of tuberculosis. Little wonder is it that when the pendulum of popular belief swung to the side of the contagious nature of the disease, a spirit of phthisiophobia should be developed among the profession and laity of Southern California. This same dread of the disease developed to such an extent in New York as to secure legislation excluding the tubercular immigrant and hampering the establishment of sanitaria in cities, towns and villages. An agitation towards the same end was started in California, but the thoughtful leaders of the profession declared such restrictive legislation to be inhuman, unjust and unscientific, aud the effort failed. Yet, to a great extent in Los Angeles, the consumptive is refused admittance to hotels, lodging houses, and hospitals. Of course the patient of means can secure admittance to hospitals or sanitaria, but these are few in number. The patient with barely enough to pay his board is indeed in a sorry plight, away from home and all its comforts, among strangers an unwelcome visitor, almost hounded from

house to house, until at last he dies, uncared for and neglected. One instance was reported in the MARITIME MEDICAL NEWS some months ago, and it was only one out of many. A physician who will permit, much less advise, a patient in the last stages of consumption to cross the continent in search of health is almost guilty of malpractice. To counteract this growing phthisiophobia, two things are necessary. It is first the duty of the profession by all means in their power to combat the prevailing idea that the disease is a *dangerous contagious* one to be classed with diphtheria and small-pox. It is their duty to teach rather that it is a *communicable preventable* disease, and one which can be *cured* in its early stages. Only by such teaching can the consumptive be given a comfortable chance for his life in the favored districts of California and the west. In the second place keep your tubercular patients at home, particularly those in the later stages. It is as inhuman to send such patients among strangers as it is for such strangers to refuse to receive them. Only when such a patient is able to work and can secure work in the west can it be permitted to have him leave home. Preach the advantages of fresh air, good food and happy surroundings, all of which are ever present with us.

One hospital in Los Angeles is conducted by Dr. Fralick, of New York, for treatment of tuberculosis by venous infusion of a specially prepared solution of unknown constituents. It is rational to expect that some day an antitoxic or bactericidal injection or infusion method of treatment will be adopted by the profession. Dr. Fralick's may not be the long-sought remedy, but it certainly has accomplished much for many patients. Charts of patients and patients themselves have shown wonderful improvement after one or more infusions. Temperature and pulse become normal, areas of consolidation disappear, cough ceases, bacilli are not found in the sputum, and the patient puts on flesh and resumes his former avocation. In advanced cases an infusion will relieve the most distressing symptoms.

In thanking you for your kind attention to my rambling comments, it may be permitted me to express my pleasure in again associating myself with such a kindly and talented body as the members of the Colchester County Medical Society.

HILTON ON REST AND PAIN.*

By T. D. Walker, M. B., C. M., St. John, N. B.

John Hilton was born in 1804 and died in 1878. He received his medical education at Guy's hospital in London and was for many years a surgeon on the staff of the same hospital. He was professor of Human Anatomy and Surgery at the Royal College of Surgeons in 1859, when he delivered his lectures on "Rest and Pain." These lectures were published in the *Lancet* and later as a separate work, which ran through three editions. Hilton was later a president of the Royal College of Surgeons and Hunterian orator He held as well the position of examiner to the University of London. Among his writings are many valuable contributions to the advancement of surgical science.

Hilton's work on "Rest and Pain" comprised a series of eighteen lectures, delivered at the Royal College of Surgeons of England in the years 1860 to 1862. These lectures were afterwards published by Jacobson, assistant surgeon at Guy's hospital, where Hilton was a consultant.

In the introductory lecture an account was first given of nature's wonderful means of securing rest to the organs of the body in periods of health and growth. It was next shewn that repair of tissues is analagous to growth and that rest is the necessary antecedent to the healthy accomplishment of either growth or repair.

A graphic picture was drawn of man's first injury: his first experience of pain; the loss of blood, inducing syncope and enforcing rest; the rest, promoting clot formation and wound healing and comfort, while movement brought on fresh hemorrhage and pain with later suppuration and cessation of the healing process. Hilton thus emphasized the importance of rest as a therapeutic agent in the cure of accidents and surgical diseases.

"It would be well," he said, "if the surgeon kept constantly before him this physiological truth that nature has a constant tendency

*Read before meeting of N. S. Branch British Medical Association, Feb. 17th, 1904.

to repair the injuries to which she may have been subjected, whether these injuries be the result of fatigue or exhaustion, of inflammation or accident."

Also, "that this reparative power becomes at once most conspicuous when the disturbing cause has been removed."

These lectures deal first with the therapeutic action of rest and then with the diagnostic value of pain.

Beginning with the brain the *function of the cerebro-spinal fluid* is explained. Controlling the force and volume of the cerebral circulation, it may be said to act in a manner similar to the elastic capsules of the liver, kidney and spleen. It further serves as a water pad to the delicate structures at the base of the brain. So the base of the skull may be fractured where this protection exists without showing any evidence of lesion at the time of the accident.

The part of the brain most liable to injury is the antero-inferior where there is close contact with the bone, no cushion of cerebro-spinal fluid intervening in that position.

The exact relation of the cerebro-spinal fluid and the venous circulation in the brain was demonstrated in a case of fracture of the base of the skull at Guy's hospital. The cerebro-spinal fluid was seen exuding from one ear, and by closing nose and lips and exerting pressure on the jugular veins about half an ounce of the fluid poured out almost immediately. The effect of suddenly draining a spina bifida causes a congestion of the cerebral veins and the patient dies from the effect of pressure on the vagus, or epileptic seizures produced by the intense local congestion.

Referring to obscure cases of concussion of the brain, Hilton pointed out that he had seen a fatal termination, due solely to an injury to the vagus. Other fatal cases show no postmortem lesion, and these are most likely due to some grave disturbance of the vascular system.

Remembering the delicate and highly vascular structure of the brain, we should avoid excessive stimulation in the treatment of these cases. This point is strongly emphasized by Mummery in his recent work on "The After Treatment of Operations." This author says: "Many cases of shock can easily be rendered much more serious by over stimulation." Then, after explaining the pathological con-

dition existing, he goes on to say: "It is true that an injection of strychnine will improve the pulse for a time, but it does so by forcing the already exhausted nerve centres into action, and this will be followed by further exhaustion of these centres as soon as the effect of the strychnine has passed off. Again it has been repeatedly proved by experiment and is a well observed clinical fact that stimulants administered while a patient is in a condition of shock are often not eliminated, but remain in the system, so that when the shock passes off the combined effect of all the stimulants administered will be produced with perhaps a fatal result."

Referring to the diagnostic value of pain, Hilton laid great stress on the fact that every pain has its distinct and frequent signification if we will but carefully search for it.

Dealing with a persistent external pain, we determine the nerve involved, and by tracing it to its origin, and noting the condition of related structures, we shall most likely find the original cause of the pain in a lesion of one or more of these related structures.

A case was quoted where severe abdominal pain, made worse on exertion, was complained of. The pain was bilateral and was found to be due to caries of the spine at the origin of the corresponding intercostal nerves. A few months, rest in horizontal position completely cured the disease.

Several cases were also quoted where severe and persistent pain was complained of in the back of the head. The "pain area" corresponded to the cutaneous distribution of the great occipital nerve over the middle of the occipital bone. On tracing the nerve trunk to its exit between the atlas and axis, either disease or fracture of these vertebræ was found.

In fractures in this position, and more particularly where the ligaments between the first and second cervical vertebræ and the occipital bones are destroyed, there is a tendency for the head to fall forward and the medulla to be impaled on the tip of the odontoid process of the axis.

To avoid this fatality the patient must be kept absolutely still in a recumbent position on a hard mattress. A thin pillow is put under the head and a thicker one under the hollow at the back of the neck.

This lifts up the body of the second vertebra and prevents the odontoid process from pressing on tne medulla.

One of the cases quoted was that of a young woman suffering from injury to the upper part of the spine. She was almost pulseless and had great distress in breathing, loss of voice and inability to swallow, and nearly complete paralysis of arms and legs. She had severe pains in the back of the head and neck, increased on movement, and the painful area corresponding to the distribution of the great occipital nerve. Believing these symptoms were due to the pressure of the odontoid process on the medulla, the patient was made lie flat on the back with pillows as already described and with a sand bag on each side of the neck to prevent rotation of the head. If her head had fallen forward half an inch, instantaneous death would have taken place. As it was all her symptoms were quickly relieved by this suitable application of rest. In a similar case, that of a little child treated in the same way, the improvement was so rapid that the nurse allowed the patient to sit up after a fortnight's treatment. The head immediately fell forward and the child was dead.

Many reasons may be given for *opening an abscess*. The ulterior-object is, however, to secure coaptation of the internal surfaces of the abscess in order to give rest and so secure speedy union.

It is only by the evacuation of the whole of the fluid of an abscess that we can render coaptation of its walls possible. It must be incised at its lowest part to obtain perfect drainage.

Hilton found that to do this often meant a risk of injuring important vessels or nerves, and so he introduced the method of a small incision followed by the use of a grooved director and a sinus forceps to complete the channel of exit of the pus. In suitable cases at the present time a free incision with removal of the pyogenic membrane would bring about a more rapid cure.

(Several cases quoted by writer.)

Hilton has explained the cause of *fixation and flexion of an inflamed joint.*

He observed that the same trunks of nerves that gave branches which supplied the muscles moving a joint also gave the nerve supply to the interior of the joints; *e. g.* circumflex nerve to teres minor, and deltoid and joint. The articular nerves being irritated set up a reflex irritation of the nerves supplying the muscles and the stronger group

force the joint into its flexed condition. In this way the benefit of an early application of a splint to an inflamed joint was shewn.

The benefit of local medication to a joint was also shown in the fact that these same "joint nerves" supply the skin over the joint and so we get what may be termed a "reflex therapeutic action" when an application is made to a joint.

The common nerve supply of skin and muscle probably produces, by an irritation of the nerve endings, the muscular contraction associated with burns.

In the nerve supply to the *abdomen* we have a repetition of the same anatomical law; that is, there is a common nerve supply to the peritoneum, the abdominal muscles and the skin over the abdomen. This would account for the "surface pain" and the retraction of the abdominal muscles in peritonitis, and would also account for the benefit of local applications in this disease.

The nerve relations in the *chest* may be similarly traced and external pain found to be due to disease of the pleura or of some underlying organ.

The subject of referred pain has been treated fully by Dr. Head of the London hospital.

As another application of the rest theory a case was quoted showing the benefit of injections of opium giving rest to a chronically inflamed bladder.

Another case quoted shows that retention of urine due to spasm from stricture may be relieved by large doses of opium.

Hilton believed that joint disease was due not so much to over action or constitutional taint as to local injury, and in proof of his assertion showed:

1. That the costo-vertebral articulation, which is in constant action, is never diseased, and that sterno-clavicular disease is very rare.

2. That pelvic articulations are very seldom diseased in children, as they are little subject to external violence.

3. That diseased joints are more frequent in the lower than in the upper extremity, except in the case of the wrist, which may be often injured from a fall.

In one year in the New York hospitals, there were: hip-joint disease, 577 cases; knee-joint disease, 181 cases; shoulder-joint disease, 6 cases; elbow-joint disease, 8 cases.

4. If diseased joints are from constitutional conditions alone, why do they do so well after excision?

Comparing joint diseases in children and in adults. It is found that *in children*, where development is in progress, the disease of the joint spreads rapidly from one structure to another, and that the process of repair is as rapid.

In adults, where development is completed, the disease is more likely to be limited to one of the constituents of the joint and the process of repair is much slower.

Great stress was laid by Hilton on the early recognition of hip joint disease, and he was most hopeful of its cure.

Discussing Hilton's views, we must remember that at the time that his lectures were written antiseptics had not been introduced; general anæsthesia and abdominal surgery were in their infancy.

The application of his principle of rest in the cure of disease is now seen in a gastro-enterostomy, the removal of the gall-bladder, the establishment through the omentum of a new circulation for the liver, or an operation with a similar object, the decapsulation of the kidney.

Dr. Weir Mitchell quotes a patient of his who wanted to submit a case to a doctor in each century and then compare the different methods of treatment.

Possibly, from our point of view, we would undervalue the work of the surgeons of former days. As Sir James Paget said of Hunter: "If there are errors in his works, they are the errors of reasoning and not of observation." In Hilton we see neither of these faults, but we have in him a thorough anatomist, an accurate observer of symptoms, and one untiring in the details of treatment. These qualities shew the value of his work to his contemporaries. Let us hope that it is worthy of study even at the present time.

A CASE OF MYELOGENOUS LEUKÆMIA WITH DISAPPEARANCE OF THE SPLENIC TUMOR AND RETURN OF THE LEUCOCYTES TO NORMAL.*

By Charles E. Simon, M. D., Baltimore, and D. George J. Campbell, M. D., Halifax.

This case is reported on account of the unusual features shown in the course of the disease. Similar cases are manifestly rare and up to the present time only three have been reported.

McCrae[1] reported a somewhat similar case a few years ago, and it is interesting to note that his case was twice under observation with the typical features of myelogenous leukæmia and that on each occasion under the use of arsenic the spleen became normal and the myelocytes disappeared from the blood. At these periods his health was good and there was no intercurrent affection present. His subsequent history is unfortunately rather obscure. He died rather suddenly in California, a few months later, and his physician considered his death to be due to cerebral hæmorrhage.

Senn has reported a case of myelogenous leukæmia which he claims to have cured by treatment with the X-rays. In this case, unfortunately, detailed blood examinations are not recorded. It is also important to note that this patient had only been under observation for two months after the X-ray treatment was started.

Plehn[2] has recently reported a case in which the leukæmic condition entirely disappeared under the administration of arsenic.

No other cases of a similar nature are on record. The history of the present case is as follows:—

M. S. Female, age 35, married.

Family history, negative.

Patient has always been fairly healthy except that there is a remote history of malaria during childhood. Menstruation began at the age of thirteen and has always been regular, coming on every three weeks and lasting for five days. She has been twice married and has had two children and three miscarriages. Both children are living and well. Patient's health continued good until 1901, when she lost all her

*Paper read before the Medical Society of Johns Hopkins Hospital, Feb, 1st 1904.

money, and was subjected to a severe mental strain. About this time she began to have indigestion and palpitation, and shortly afterwards noticed pain and some bulging below the ribs on the left side. There was also severe pain in the right shoulder, and some headache, particularly on the left side. The bulging gradually increased until it extended down to the left groin. It felt quite hard but not tender. She lost weight rapidly and grew weaker and began to have pain in the legs which was severe enough to keep her awake at night. Her appetite continued good, and bowels regular. During the next two years she consulted no physician but finally did so, and then the enlarged spleen was discovered. She was urged to enter a hospital and did so.

March 11th, 1903.—On admission the blood examination showed that the red cells numbered 1,700,000, and the leucocytes 350,000. Further details are unfortunately not obtainable.

She remained in the hospital for three weeks, and first came under Dr. Simon's observation, on April 11th. 1903. At this time she complained of numbness of the toes and fingers, and had difficulty in fastening her clothes Her appearance was decidedly anæmic, and her weight which was usually 167, had fallen to 140 lbs. There was a soft blowing systolic murmur at the apex, but no increase of the cardiac dullness. The spleen was very much enlarged, extending almost to the umbilicus and well below the costal margin in the nipple line.

Examination of the blood showed the hæmoglogbin to be 56 per cent. The red cells numbered 1,760,000 and the leucocytes 4,000. A differential count of the latter gave the following result:

Small mononuclears	14.6 %
Large mononuclears	3.9 "
Polynuclear neutrophiles	51.3 "
Eosinophiles	10.5 "
Mast cells	15.0 "
Neutrophilic myelocytes	4.7 "

There was marked anisocytosis and poikilocytosis and a considerable degree of polychromasia. Normoblasts were quite numerous and nearly all undergoing hæmocytolysis. Isolated megaloblasts were seen. Granular degeneration was not observed.

The patient had been taking Fowler's solution since April 11th, the dose reaching 19 drops three times daily.

April 28th, 1903.—There was little or no change in her general condition or in the size of the spleen. On examination of the blood, the hæmoglobin was 67 per cent, red cells numbered 3,400,000 and the leucocytes 5,000. A differential count of the latter gave the following result:

Small mononuclears	13.4 %
Large mononuclears	9.3 "
Polynuclear neutrophiles	60.5 "
Eosinophiles	3.9 "
Mast cells	8.5 "
Neutrophilic myelocytes	3.9 "
Eosinophilic myelocytes	0.5 "

The normoblasts have decreased in number, otherwise there is no change.

May 5th, 1903.—The patient is now taking 22 drops of Fowler's solution three times daily.

The anæmic appearance is much improved, but the spleen is practically unchanged.

On examination of the blood, the hæmoglobin was found to be 68 per cent, the red cells numbered 2,112,000 and the leucocytes 2080. A differential count of the latter shows no material change from the previous one. Poikilocytosis is still marked. There are a good many microcytes but no special tendency to oversize. A few normoblasts and an occasional megaloblast can still be found, and granule cells are now present in fairly large number.

May 24th, 1903.—Patient's general appearance is very much improved, and her weight has risen to 145⅞ lbs. The spleen is much reduced in size, and is just palpable at the costal margin. The hæmoglobin has risen to 75 per cent.

Oct. 22nd, 1903.—The patient was not seen during the summer months, but stated that she had suffered considerable pain along the region of the attachment of the diaphragm. She also spoke of having had an attack of pleurisy, concerning which nothing could be learned. She had been taking 26 drops of Fowler's solution t. i. d., all along, and has been puffed at times. Her general appearance is greatly improved, and a short time ago she was examined for life insurance and passed. Her weight is now 151 lbs. The abdomen and flanks have become markedly pigmented. The spleen is barely palpable.

On examination of the blood, the hæmoglobin was found to be 80 per cent, the red cells numbered 4,400,000 and leucocytes 5,600. A differential count of the latter gave the following result:

Small mononuclears	29.4 %
Large mononuclears	2.2 "
Polynuclear neutrophiles	51.5 "
Eosinophiles	4.4 "
Mast cells	5.9 "
Neutrophilic myelocytes	2.2 "
Eosinophilic myelocytes	4.4 "

There is still some poikilocytosis and a slight degree of polychromasia. Very few nucleated red cells were found, and only an occasional granule cell.

Dec. 16th, 1903.—The patient has had some nausea, which improved on withdrawal of the arsenic. There is still much pain along the lower ribs and between the shoulders. The spleen is scarcely palpable.

Examination of the blood showed that the hæmoglobin had risen to 85 per cent, the red cells numbered 5,250,000 and the leucocytes 4,000. It may be of interest to note at this point that, although pain is not an uncommon feature of myelogenous leukæmia, the persistent character of it in this case pointed to the possibility of myeloma. Careful examination of the urine, however, failed to reveal the presence of the Bence Jones albumin.

January 26th, 1904.—The patient is still complaining of some pain along the lower ribs. There has been considerable nausea which again necessitated the withdrawal of the arsenic. Her general appearance does not suggest an anæmia. There is no headache or palpitation, the appetite is good, the bowels regular. Her weight is now 152 lbs. The pigmentation of the abdomen is fairly marked and the elbows also are markedly pigmented. The area of cardiac dullness is not increased. There is a systolic murmur at the apex which does not obscure the first sound and is not transmitted. The spleen is barely palpable on deep inspiration. The examination of the blood showed that the hæmoglobin was 75 per cent, the red cells numbered 3,984,000 and the leucocytes 4500. A differential count of the latter gave this result:

Small mononuclears	34.0 %
Large mononuclears	16.3 "
Polynuclear neutrophiles	31.8 "
Eosinophiles	6.3 "
Mast cells	11.5 "
Neutrophilic myelocytes	0.0 "

In summing up the present condition, if we disregard the increase of the mast cells, one would scarcely think of myelogenous leukæmia, without a knowledge of past events. With this knowledge one might ask whether this case could be regarded as an arrested one, for she certainly cannot be looked upon as cured, as long as the above changes persist.

Moreover, in view of our present knowledge, and notwithstanding the remarkable tolerance of the arsenic in this case, one is tempted to question the relation between treatment and result as being that of cause and effect.

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BRONCHIECTASIS: WITH SOME REPORTS.

By J. A. Moran Hemmeon, M. D., London, Eng., (formerly of Bridgewater, N.S.)

The not infrequeut occurrence of this disease, together with the liability to confuse it with some more serious affection of the lungs, may justify an attempt in the following description and reports to make its diagnosis easier to the busy practitioner.

Bronchiectasis is generally defined as a condition of dilatation of the bronchi. If we confine our definition to those cases of dilatation in which the resulting cavity still possesses its bronchial basement membrane, we may divide all cases into two classes, viz: *cylindrical* and *saccular*. West says that though some cases do progress to the loss of the basement membrane, whilst possessing a thin membrane of thier own, it is a mistake to consider all such non-tubucular cavities in the lung as bronchiectasis. This distinction is arbitrary and cannot be made on clinical signs. Generally, then, there is added a third, *trabeculated*, variety.

Cylindrical bronchiectasis implies the uniform dilatation of a bronchus and may involve a greater or less length of the tube. The dilatation varies from one or two to several diameters of the tube. The histological elements are intact; the mucous membrane presenting various stages of inflammation; the ciliæ generally present. The fibrous elements mav be thinned.* The tube may present several such dilatations separated by short portions of undilated bronchus.

The *sacculated* dilatations are found nearer the surface of the lungs and involve the smaller bronchi. They vary in size, being most commonly found from $\frac{1}{4}$ in. to $\frac{1}{2}$ in. in diameter, but frequently reaching the size of an egg, or larger. Minute diffuse dilatations of the smaller bronchioles may be found post-mortem but such a condition is not diagnosable during life. Occasionally the whole substance of a lobe is honey-combed with such smaller cavities, and this condition has given rise to the name of "turtle lung" from the resemblance between such a lung and that of a turtle.

*Fowler—Dis. of Lungs.

Under the *trabecular* variety it has been the habit to place all those large cavities in the lung characterized by trabeculæ, consisting of remnants of bronchial tubes and of blood vessels. They do not strictly fulfil the conditions of the definition of bronchiectasis.

Ætiology.—A few cases seem to depend upon congenital weakness of the bronchial walls and follow any cough resulting from slight bronchial catarrh, etc. These cases are rare, generally occurring in young children. Nearly all cases follow an inflammatory condition of the lungs, bronchi or pleura. Of 35 cases reported from 1887 to 1894 in the post-mortem records of the Brompton Hospital,* 7 originated in chronic bronchitis; 5 in broncho-pneumonia; 5 in chronic pneumonia and cirrhosis; 4 in pulmonary tuberculosis; 3 in pleurisy and empyæma; 2 in lobar pneumonia; 2 in foreign body in a bronchus; one each in acute bronchitis and bronchitis and asthma, and 5 in different forms of bronchial pressure, as aneurysm, hytadid cyst, etc. Though many cases are found in the young the majority occur between the ages of twenty and thirty. Generally speaking the acute cases are found in the young and the chronic in the adult. It will be seen that forced expiratory effort, as by frequent cough, is an important factor. This explains the presence of emphysema occurring with many cases and frequently masking the auscultatory signs. Haberston further cites ordinary dyspnœa with increased expiratory effort as a factor. Laennec mentions the accumulation of secretion with the influence of gravitation. This must be operative chiefly in the young. But these causes are not able to produce dilatation in healthy bronchi. There must be loss of elasticity either congenitally or by previous inflammatory condition.

Signs and symptoms.—The patient complains of violent paroxysmal cough, accompanied by profuse purulent expectoration. The quantity of expectorated material varies, and may reach the amount of twenty-five to thirty ounces daily. If allowed to stand, it settles into two, frequently three, distinct layers. At the bottom, a thick, yellow layer containing pus cells; above this a thick layer, and on the top a frothy layer. Microscopically the sediment contains pus cells, granular detritus, crystals of cholesterin, bacteria, and micro-organisms. Hæmoptysis is very common, particularly in the trabeculated variety. It may be fatal. Dyspnœa, with signs of emphysema, may be present. Pain is usually not prominent. The bodily strength

*Fowler.

and general condition may be well maintained, the case thus contrasting strongly with one of pulmonary tuberculosis of equal chronicity. This factor may be of no special significance in young children who habitually appear well though having well marked signs of pulmonary tuberculosis. Indeed, in many cases, they, in common with guinea pigs, get fat. Clubbing of the fingers is very marked, and in young children may equal that accompanying congenital heart disease. If the patient is a child, a history of antecedent pneumonia, broncho-pneumonia or bronchitis, acute or chronic, can usually be elicited. This is frequently so with adults, chronic bronchitis and chronic pneumonia being with them the chief factors. Care should always be taken, after suspicions of the presence of bronchiectasis have been aroused, to question as to the possibility of a foreign body, as a small bone, button or tooth having been swallowed.

The physical signs are in many cases very distinctive. In addition to the various signs of intercurrent or causative affections, chronic pneumonia, bronchitis, emphysema, tumor, etc., one may hear *characteristic* crepitations or rales. These have been described as *squeaking* or *croaking* and appear *unevenly* distributed over the chest, giving a strange sense of nearness or distance, varying with the spot examined or even in quiet breathing over the same spot. The classic signs of a cavity may be elicited. Breathing varying from tubular to cavernous or amphoric, pectoriloquy, and occasionally post-tussive suction and Laennec's "veiled puff." Of these last two signs the former is elicited by asking the patient to cough and immediately thereafter hold the breath. The elastic recoil of the walls of the cavity causes an inrush of air and a short, sharp suction sound follows. Obviously this sound is only produced in fair-sized, elastic walled cavities. It may also be produced by consolidated lung. Inspiration is sometimes jerky and interrupted, and sometimes followed by a short, high-pitched whiff or puff: the so-called "veiled puff" of Laennec. It is supposed to be produced by the moderately dilated cylindrical cavities during the inrush of inspired air. These signs, usually bilateral, may be unilateral. Generally speaking, they are basal, but may occur at the base of any lobe. Occasionally they are apical, and in such cases the diagnosis may be difficult. Usually, however, basal symptoms strongly suggestive of bronchitis accompany such cases. It is worthy of note too that the pectorilquoy

and other signs of cavity are irregularly distributed over the lobe or lobes affected. The peculiar, large metallic rales differ from the rales of tubercular areas, and the absence of tubercle bacilli, after *repeated* examinations, aid strongly in the diagnosis. The fœtor of the expectoration and general well-being of the patient may be very characteristic. During the interval between the paroxysms the patient may be free from cough, which is excited by filling of the cavity with the secretion or by sudden change of position; hence the frequency of paroxysms of coughing when arising in the morning. It follows that many of the signs, as of a cavity, may be absent before the secretion has been coughed up. Not infrequently the rush of foul material leads to vomiting, and the parents will say that the sputa were vomited.

Prognosis.—This depends usually upon complications and intercurrent affections. Many cases run through a period of great chronicity. Acute cases, or those coming under early treatment, may recover. Generally speaking the affection is incurable, but life may be greatly prolonged. Death may result from septic infection, tuberculosis, cerebral abscess, renal affections or hæmoptysis.

Treatment.—This consists for the most part of inhalations, intratracheal injections and general tonics. The most successful treatment as carried out at the Brompton Hospital is that by creosote baths. This treatment was suggested by Dr. Arnold Chaplin in 1895. An ordinary room with doors and windows stopped and all furniture removed, except necessary wooden chairs, will suffice. The patient covers the clothing with a loose wrapper or smock frock. The eyes are protected by snow-goggles and the nose is lightly plugged with wool. Very young patients may rebel against the fumes but ordinary patients from six years upwards behave well. There is no reason why an adult friend may not remain in the bath with the young child. Ordinary commercial creosote is poured into an iron saucer supported by a tripod, under which is placed an alcohol lamp. At first the bath may be continued for ten to fifteen minutes on alternate days, but soon a bath may be given daily, and the duration extended to one or even two hours. The immediate effect is generally a violent fit of coughing with profuse expectoration or even vomiting. In favourable cases the quantity of the expectoration is diminished and in all cases there is marked diminution of the fœtor. The treatment must be prolonged, in some cases to six or seven months. No ill

effects have been noticed even in cases that do not markedly improve. Intratracheal infections of menthol and guaiacol with olive oil, as advocated by Rosenthal, may be given in the following prescription:

Menthol, 10 parts.
Guaiacol, 2 parts.
Olive oil, 88 parts.

In carrying out this treatment, which in cases presenting large sized cavities is remarkably beneficial, it is generally necessary to cocainize the epiglottis and larynx for the first few injections. But later a wonderful degree of tolerance of the procedure is attained and cocaine may be dispensed with. The injection should be made by passing the syringe through the glottis, below the vocal chords. In this way we avoid the area supplied by the superior laryngeal nerve and the tendency to cough is diminished. When the patient is too ill to be moved or for any reason unable to undergo treatment by creosote baths, hypodermic injections of sterile oil of guaiacol in the strength of 1 in 4 have been used with marked success in the Brompton Hospital. Thirty minims of this mixture may be given daily. In one instance a patient, too ill to be moved from the ward, was given daily injections lasting over 76 days; at the expiration of this period he was able to move to the creosote bath-room and three months later was discharged greatly improved and gaining in weight daily.

In a few cases, injections, made directly into a cavity, have been tried, but it is rather a dangerous and not especially serviceable proceeding, Some cavities have been surgically opened, but such treatment is applicable in only a small percentage of cases and is not devoid of risks. Tonics, such as cod liver oil or malt, should be given and, in suitable cases, expectorants. Patients should reside in as equable a climate as possible, avoiding all risks of bronchial irritation. Above all they should have plenty of fresh air and nutritious feeding.

Case I.—Bessie B———, aged 2 years, was brought to outpatient department, Brompton Chest Hospital, in February, 1902. Complaint: cough, sleeplessness and debility. History—pneumonia three months previously with good recovery. Cough began two weeks ago. Physical signs, those of bronchitis at bases posteriorly. She was treated with general tonics and expectorants and for two years continued as an outpatient with various periods of comparative freedom from cough. She was frequently examined and generally some well-

marked bronchitic signs found. Her general condition was good. After an absence of three months she was brought in on Febrnary 23, 1904, with a complaint of very severe paroxysmal cough, worse in the mornings, with profuse expectoration of fœtid sputa occurring at intervals. Bodily condition good, appetite fair. Marked clubbing of fingers. Physical examination revealed no signs at bases. Over an area little larger than a fifty cent piece, situated external to the right nipple line in the third and fourth interspaces, was heard tubular breathing, marked whispering pectoriloquy, and an abundance of loud clicking rales. Rales were also heard in the surrounding lung. Diagnosis: bronchiectasis, right upper lobe, following pneumonia and bronchitis.

Case 2.—Florence B. ———, age 6½ years; outpatient. Complaint: cough for twelve months, dyspnœa, expectoration, at intervals, of large quantities of sputum; no fœtor; pains in chest; sweating and vomiting after cough. Bodily condition fair; temperature 99°. History: measles, two years ago, followed by cough for one month; whooping cough, eighteen months ago; bronchitis, two months ago. Marked clubbing of fingers and toes and some clubbing of nose. Over both bases resonance was slightly impaired, vocal resonance and fremitus normal. An abundance of squeaky, clicking rales heard over both bases, sometimes loud, sometimes fainter. Diagnosis: beginning bronchiectasis (saccular).

Case 3.—John W. ———, age 17¼ years. February 24th, 1904. Outpatient. Complaint: cough, severe and paroxysmal, with expectoration through the day, chiefly on arising in morning, of quantities of stinking, greenish sputum, which, on standing, settled into three distinct layers. Appetite good; bodily condition fair. Marked clubbing of fingers. History: bronchitic attacks since infancy; much worse since August, '03. Characteristic rales over both bases and signs of a fair sized cavity in the left base which showed well the phenomenon of post-tussive suction. No tubercle bacilli found in sputum. Diagnosis: bronchiectasis, trabeculated, left lower lobe.

Correspondence.

Etiquette!

To the Editor of the News:

That breaches of professional etiquette occur in private more frequently than they should, is unfortunately too true, and much to be deplored. Much more so when such breaches are made in the public press. The following correspondence which appeared in the *Acadian Recorder* of this city, shortly after the last meeting of the Maritime Medical Association in St John, is so glaring a violation in this respect as to deserve some notice of reprobation in the Medical News:

THAT DELICATE OPERATION.

To Editor Daily Recorder:

Mr. Editor,—I read an extract in last evening's issue of your paper taken from the *St. John Sun* of the 24th inst., which surprised me. It is an awful pity these medical men should have the weakness to rush into the lay press with a report of their cases. I witnessed the operation performed by Dr. Richardson of Boston in the "St. John Public Hospital," and I must confess I did not see anything wonderful about it. The remarks he made on the different routes were not in keeping with the practice and teaching of the ablest authorities on kidney surgery.

July 30, 1903. M. D.

"THAT DELICATE OPERATION."

Editor Acadian Recorder:

Sir,—The extract anent removal of the kidney referred to by M.D. in last evening's issue did not surprise me, seeing it referred to a very rare operation by a foreigner, which therefore would excite more than ordinary interest outside of the profession.

It does surprise me that M. D. should charge his brethern in St. John with rushing into the lay press, when the more charitable and correct explanation would be to lay the blame upon the ever busy reporter, who would undoubtely have access to the patient's friends, and be very glad to get an item of such interest for his paper. As well might M. D. charge his brethern in Montreal and Chicago with the advertising of Lorenz.

But M. D's. letter is worse than uncharitable to his brethern in St. John. It attacks the society's very honored guest. Dr. Richardson's remarks may or may not be in keeping with the practice and teaching of the ablest authorities on kidney surgery. I did not hear them. But Dr. Richardson's ability is such that he may be away ahead of the practice and teaching of the ablest authorities known to M. D.

Finally, what can the public think of an M. D. who charges his medical brethern of St. John with rushing in to the lay press to puff up a stranger, while he himself takes advantage of the same press to puff himself, and to insult and defame a guest?

July 31, '03. M. D. No. 2.

To this answer came the following rejoinders:

THAT DELICATE OPERATION.

To the Editor of Recorder:

Sir,—I read with amusement the letter of M. D., No. 2, in this evening's issue of your paper.

As he was incapable to hear, much more to understand, the Doctor's remarks, I shall pass his strictures on my letter unnoticed.

July 31, 1903. M. D.

THAT DELICATE OPERATION.

Editor Daily Recorder:

M. D. in his letter in Saturday's issue adopts the tactics of a certain unsavory animal when closely pressed.

I thought I was doing him service by showing him how greviously he had erred against his brethern of St. John and against the Maritime Medical Society by rushing into the lay press with unfounded charges. I imagined of course, that being apprized of having committed such a gross breach of etiquette, he would with grace and thanks to myself in particular, make the amende honorable. Surely nothing else could be expected from an aspirant for the highest position in the gift of the society which he aspersed in its guest, and of which he is a member. But to my utter amazement and profound sorrow, instead of coming up to my expectations by playing the man, he slunk from his duty and played the other creature.

And now to all his other sins he has added this, that he has falsely charged incapacity for hearing or understanding against one member of the Maritime Medical Association.

Halifax, Aug. 3, 1903. M. D. No. 2.

I have simply to add to this, Mr. Editor, that the organ of the Maritime Medical Association is remiss in its duty when it overlooks or condones conduct of this kind in its members. For M. D. is guilty of no ordinary breach of etiquette. He attacks his brethern in St. John without cause. He discounts the ability of the Society's guest. He tries to show his own superiority! Finally, he slanders M. D. No. 2. This too in the daily press while charging others with reporting a case in it.

Yours &c.,

M. CHISHOLM.

CASE REPORT.

Editor, Maritime Medical News.

SIR:—On February 4th I saw an undersized woman in her first labor, which was protracted. Examination revealed a face presentation, still high up, with a hand accompanying it.

While endeavouring to push up the hand the child cried very distinctly. And again while I was disinfecting the forceps the same uncanny thing happened, the child's cry being distinctly heard by several persons in the room.

The child was delivered by forceps, but breathed only once or twice after its birth.

C. P. BISSETT

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THE
MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVI. HALIFAX, N. S., APRIL, 1904. No. 4.

Editorial.

VITAL STATISTICS.

The Province of Nova Scotia is far behind other provinces and states in that most necessary requirement of modern legislation and sanitation, and to which attention has been called in an editorial of a morning paper in an article on vital statistics.

In the report of the Secretary of the Provincial Board of Health, presented at the last meeting of the legislature, amongst others the following paragraph appears:

VALUE OF STATISTICS.

"Independently of the very great advantage which every government or state would derive from a faithfully executed system of registration within her borders -- the ability to determine clearly and distinctly the relative fecundity and mortality of her population; relative proportion of the sexes among her citizens; the longevity of her people; the causes of death within her borders; the weight with which each cause of death presses upon each portion of the community, whether those portions be considered in relation to age, sex, or condition of her people, or in relation to different sections of her territory; and of many other benefits — it is highly proper and necessary that she should be able to compare the condition of her people with that of adjoining states or countries She may thus ascertain what differences exist, and why those differences do obtain; what diseases prevail more extensively in one than in the other, etc."—*Dr. W. L. Sutton.*

To a medical man argument on this subject is superfluous, but the following from Dr. Wm. Farr would appeal to the ordinary lay mind:

" Any improvement in the treatment of disease, and any addition to medical science, will tend ultimately to the diminution of human suffering; but the registration of the causes of death is calculated to exercise a still more direct influence upon public health. Diseases are more easily prevented than cured, and the first step to their prevention is the discovery of their exciting causes. The registry will show the agency of these causes by numerical facts, and measure the intensity of their influence."

In the early sixties Nova Scotia did have a partial system that should have been enlarged and improved on rather than discontinued, and it is the duty of the profession to urge this matter on our legislators, and to continue to do so until correct and definite action be taken.

Of course it is going to cost money to have it efficiently done, and without efficiency we do not want it.

Legislatures, as with other bodies, more or less ponderous, are inclined to follow the " line of least resistance," and it is the duty of the people (who are most deeply interested in it), as well as the profession, to urge action on our Provincial Government, so that even though at a distance we may be in line with modern progress.

THE MARITIME MEDICAL ASSOCIATION MEETING.

By reference to our advertising pages it will noticed that the next meeting of the Maritime Medical Association will be held in this city on the 6th and 7th of July. Under the management of capable officers and an energetic local committee the meeting should be a most pronounced success. Several prominent members of the profession from Canada and the United States have promised to take part in the proceedings, and every effort should be made to be present. The secretary, Dr. T. D. Walker, of St. John, is most anxious to receive titles of papers or case reports from members at an early date. " Do it now "——" lest you forget ".

Society Meetings.

AMERICAN ACADEMY OF MEDICINE.

The XXIX Annual Meeting of the American Academy of Medicine will be held at the Shelburne, Atlantic City, beginning on Saturday June 4, at 11 a. m., and continuing through Monday the 6th.

The program includes:

1. The report of the Council on the recommendation of a paper read at the last meeting by Dr. H. Bert Ellis, of California, on "The Necessity for a National Bureau of Medicine and Foods."

2. The report of the committee to investigate the teaching of hygiene in our public schools.

In order that this report may be discussed intelligently, the committee will publish the laws relating to the teaching of hygiene now in force in the United States, in the Bulletin of the American Academy of Medicine, to be published in April, 1904. It is believed this is the most complete and accurate compilation of these laws published, and the only compilation issued in an easily accessible and low priced publication. (Any number of the Bulletin will be sent to any address upon receipt of 50 cents.)

3. The reports on the results of the examinations before the various State Boards of Medical Examiners of 1903.

4. A Symposium on the Relation of Physicians to Dentists and Pharmacists. Several papers of value are promised for this Symposium and the subsequent general discussion will be helpful.

5. A Symposium on—Are Modern School Methods in Keeping with Physiologic Knowledge? There is probably no subject of general interest that should be directed by the medical profession, of more importance than this. Apart from the papers promised, arrangements are being made for a discussion opening up the whole subject from various points of view.

6. In addition to the above, there will be several papers upon independent topics, affording a variety to the program.

Dr. John B. Roberts, of Philadelphia, has selected "The Doctor's Duty to the State" as the title of his address as President. This address will be delivered on Saturday evening and the Social Session

will be held on Monday evening. The usual charge of two dollars a person will be asked of those who attend this function. Ladies as well as gentlemen are welcomed.

The management of the Shelburne offers reduced rates for all rooms to those who attend this meeting. The minimum rate is three dollars a day whether one or two in a room. This does not mean that every room without a bath is offered at three dollars a day. Hence, as the prices of the rooms vary greatly, it is desirable for those planning to come to correspond with the management, and arrange in advance the room and the price.

It is too soon to announce anything about transportation rates. Those who desire to be kept informed about these and to receive subsequent notices of the meeting are requested to so advise the Secretary.

Membership in the Academy is open to the reputable physicians who are also graduates of a recognized college or science school. Application blanks will be sent upon application.

The transactions of the meeting will appear in the Bulletin of the American Academy of Medicine, a bi-monthly journal published by the Academy at an annual subscription of three dollars, which may be sent to the Secretary, Dr. Chas. McIntire, Easton, Pa.

ST. JOHN MEDICAL SOCIETY.

Dec. 2nd, 1903. The President, Dr. Gray, in the chair.

A specimen of gangrene of the entire prepuce, which was due to slight injury, was exhibited by Dr. MacLaren.

Dr. Pratt read a paper on "Enlargement of the Testicles" with reports of cases. After dealing with the subject generally, three illustrative cases were described.

Dec. 9. A paper, entitled, "Insanity of the Climateric" was read by Dr. G. A. B. Addy. Insanity in the form of a first attack, directly and solely attributable to the menopause, is far from frequent. The form most frequently assumed is that of melancholia, which may be of any grade. The prognosis as a rule is good, although the duration of the illness may be prolonged.

Dec. 16. Dr. Morris read a paper on "The Relationship Between the Physician and the Druggist." Numerous instances of improprieties committed by the druggists were mentioned and an interesting discussion followed.

Jan. 6, 1904. Dr. J. R. McIntosh read a paper on "The Relationship between the Upper and the Lower Air Passages." The results on the general respiratory apparatus, due to pathological changes in the upper air passages, were given in detail.

Jan. 13. Dr. F. H. Wetmore reported the following cases:

1. Epilepsy associated with injury to head.

2 and 3. Cases of neurasthenia, treated with marked success by hydrotherapy.

4. Acute pulmonary tuberculosis. Improvement obtained with antistreptococcic serum.

Jan. 20. Dr. Scammell gave a paper on "Psoriasis" and exhibited two cases.

Dr. Scammell also showed an inhaler for producing general anæsthesia with narcotile.

3. A paper, entitled, "The Eye in Relation to General Diseases," was read by Dr. Pierce Crockett. (This paper appeared in the March issue of the NEWS).

Feb. 17. Dr. McIntosh exhibited a patient who had, in walking through the woods, been injured in the eye by a twig. An eye-lash had been carried into the anterior chamber of the eye and was plainly demonstrated to the meeting.

Dr. Stewart Skinner reported a case of "Melanotic Neoplasm of the Mamma" with operation.

Feb. 24. Dr. Thos. Walker read a paper on "The Treatment of Placenta Prævia." Dr. Walker first gave brief histories of his personal cases, which were four in number.

The various methods of treatment were then discussed, and, in suitable cases, the advisability of Cæserian section was advocated.

March 2. The President read an article which has recently appeared on "Pneumonia," by Dr. D. B. Lee, of London, in which the use of ice-bags is strongly recommended.

March 9. Dr. Murray MacLaren read a paper on "Obstructive Jaundice;" and reported a case, with specimen, of carcinoma of ampulla of Vater.

March 16. Dr. Crawford showed a patient with ophthalmoplegia externa and discussed the differential diagnosis of ocular paralyses.

Personals.

Dr. Jas. Warburton, the Liberal candidate for Charlottetown, was elected to the Provincial House, on the 16th ult.

Dr. P. Conroy, of Charlottetown, had the misfortune to break his thigh on the 14th ult. He was thrown from his sleigh when returning from a call out of town.

Dr. W. H. Hattie, Superintendent of the Nova Scotia Hospital accompanied by Mrs. Hattie, left by the last trip of the "Oruro" to the West Indies. Dr. Hattie has not been well lately, and we trust a needed change will recuperate him.

Dr. Murray MacLaren, of St. John, acompanied by Drs. Armstrong and Hutchison, of Montreal, and Anglin, of Kingston, have lately started for Vienna, to be away two months.

Dr. A. I. Mader, of this city, has nearly recovered from the effects of his accident, and with an ambulatory splint is able to attend to some of his professional work.

Dr. Alfred Thompson, of Dawson City, was married to Miss Elsie Miller, of Elmsdale, last month, and left for London immediately afterwards. There Dr. Thompson will pursue post-graduate work for some months.

Dr. E. B. Norwood, of St. Margaret's Bay, and Miss Stella Keens, of Hubbard's Cove, were united in marriage on the 10th inst. The News extends its sincere congratulations to the above couples.

Dr. John Stewart, of this city, who had been on a short visit to Quebec, was obliged to shorten his trip owing to a mild attack of rheumatism, but is now fortunately able to be out again.

Dr. G. W. McKeen, of Port Hawkesbury, accompanied by his wife, came to Halifax to attend the recent concert given by Madame Nordica.

Dr. H. P. Clay, of Pugwash, is attending the Polyclinic, New York, and is devoting special attention to diseases of the stomach.

Dr. E. Kennedy, of New Glasgow, is also in New York, taking the full course at the Post-Graduate Hospital.

The News extends to Dr. R. Evatt Mathers its deepest sympathy, in the death of his mother, Mrs. I. H. Mathers, which occurred on the 15th inst.

Obituary.

Dr. J. H. McLellan.—The death of Dr. James H. McLellan, on March 12th, was a shock and a cause of general sorrow to the citizens of Summerside, P. E. I. Although not in robust health for some time past, he had been able to attend to his large practice, up to a week before death, when he had been confined to the house with a cold. Just before his sad demise, his wife heard him moaning and gasping for breath and in a few moments he was dead.

Dr. McLellan was a graduate of McGill and had practised in Summerside for fifteen years. He was highly esteemed as a physician, while his kind and genial disposition made him a general favorite.

The funeral was largely attended, high mass being celebrated by his brother, Rev. A. P. McLellan, and the funeral service at the church conducted by His Lordship Bishop McDonald.

Dr. A. A. McLellan, of Souris, is a brother of the deceased.

Dr. A. H. Peck.—Dr. A. H. Peck died at Hopewell Cape, on Tuesday, March 29th, aged 74. He graduated at the University of Pennsylvania in 1859, and up to within a few days of his last illness was engaged in the practice of medicine at Sackville, Petitcodiac and Albert County.

Muscular Soreness and Rheumatism Due to Grip. In speaking of the treatment of articular rheumatism, Hobart A. Hare, M. D., Professor of Therapeutics in the Jefferson Medical College and editor of *The Therapeutic Gazette*, says: "Any substance possessing strong antipyretic power must be of value under such circumstances." He further notes that the analgestic power of the coal-tar products "must exert a powerful influence for good." The lowering of the fever, no doubt, quiets the system and removes the delirium which accompanies the hyperpyrexia, while freedom from pain saves an immense amount of wear, and places the patient in a better condition for recovery. The researches of Guttmann show conclusively that these products possess a direct anti-rheumatic influence, and among those remedies, Antikemnia stands pre-eminent as an analgesic and antipyretic. Hare in the last edition of his *Practical Therapeutics* says: "Salol renders the intestinal canal antiseptic." This is much needed in the treatment of rheumatism. In short, the value of salol in rheumatic conditions is so well understood and appreciated that further comment is unnecessary. The statements of Professors Hare and Guttmann are so well known and to the point, and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "Antikamnia & Salol Tablets" on the market. Each of these tablets contains two and one-half grains of antikamnia and two and one half grains of salol. The proper proportion of the ingredients is evidenced by the popularity of the tablets in all rheumatic conditions and particularly in that condition of muscular soreness which accompanies and follows the grip. The Antikamnia Chemical Company, St. Louis, Mo., will send samples to physicians on application.

Please mention this journal.

Book Reviews.

International Clinics.—A quarterly of illustrated and especially prepared original articles, by leading members of the medical profession throughout the world; Volume IV, Thirteenth Series, 1904. Published by J. B. Lippincott Company, Philadelphia; Canadian Representative, Charles Roberts, 1524 Ontario Street, Montreal.

Some of the admirable articles in this volume are: "The Clinical Features and Treatment of Ulcer of the Stomach," by James Tyson, of Philadelphia; "The Treatment of Croupous Pneumonia," by J. H. Musser of Philadelphia; "On the Importance for Students for Physiognomical Diagnosis in Disease," by Sir Dyce Duckworth; "The Radical Cure of Prostatic Hypertrophy," by A. Albarran, of Paris; "The Non-Surgical Treatment of Displacements of the Uterus," by Francis H. Davenport, of Boston; "The Diagnosis and Treatment of Acute Glaucoma," by E. Valude, of Paris; "The Present State of our Knowledge of Immunity," by Joseph McFarland, of Philadelphia. The high standard of the Clinics is fully maintained in the last volume.

The Acid Auto-Intoxications.—By Prof. Dr. Carl Von Noorden and Dr. Mohr. Authorized American edition translated under the direction of Boardman Reed, M. D. Published by E. B. Treat & Company, New York; price 50 cents.

This is the fourth of a series of clinical treatises on the pathology and treatment of disorders of metabolism and nutrition, setting forth the teaching of Prof. Von Noorden, of Frankfort. We have already reviewed the three monographs which preceded it, and have had nothing but what was favourable to say about them. The small volume under review is quite on a par with those which antedated it. Thanks to the excellent translation of Dr. Reed, the matter is presented in an extremely interesting and attractive style, and despite the somewhat technical nature of the subject, the book is easily read and comprehended. The first twenty five pages are devoted to general remarks on auto-intoxication with acid products of metabolism, after which the sources of the acetone bodies and the localities when these are formed receive consideration. The pathological non-diabetic acetonurias are appropriately discussed, and then the subject of diabetic acidosis. The last chapter deals with therapeutic considerations, and details Von Noorden's methods of treating these conditions. Every one of the eighty pages contained in the monograph is stamped with the individuality of the eminent author, and we can commend it as a very plain and practical presentation of a difficult but very important subject.

The Blues (Nerve Exhaustion); Causes and Cure.—By Albert Abrams, A. M., M. D., (Heidelberg), F. R. M. S. Published by E. B. Treat & Co., New York.

This book, so strikingly christened, is becomingly garbed in a color to which no other term than "blue" can be given. It is a disquisition on splanchnic neurasthenia, and presents in a very readable, if somewhat dogmatic manner, the author's ideas upon the subject. He asserts that the chief symptoms of neurasthenia is "tire," and without this sign the disease cannot be said to exist. "Nerve health is a condition subject to the discretion of the individual; it is a resultant of the income and expenditure of nerve force." The use of stimulants in neurasthenia is condemned: "they assist in the early death of foolish neurasthenics so that their fellow sufferers may learn the correct path to health." There is no definite pathology in neurasthenia; a congenitally degenerate nervous system is not necessarily a factor in its production, and the uric acid theory, and theory of gastro-intestinal auto-intoxication are considered inapplicable by the author. But overeating is to be guarded against, and neurasthenics generally eat too much.

Splanchnic neurasthenia is discribed as the "the blues." It is a question of abdominal plethora, dependent on a variety of causes, notably diminished intra-abdominal tension, insufficient lung development, and a defective vasomotor apparatus. It is amenable to permanent cure by measures directed to the relief of abdominal venous congestion. And such methods are the adoption of a rational mode of dress, certain exercises devoted to toning up the abdominal muscles, the use of electricity, especially the sinusoidal current, and the cold spray directed against the abdomen. Regular action of the bowels should be aimed at, but without the use of purgatives.

An appendix, almost as large as the main body of the book, contains a number of papers on a variety of topics, such as pulmonary anæmia, and insufficient lung development, the cardio-splanchnic phenomenon, blood pressure, etc., etc.

There are many valuable suggestions in the book, and everything is presented in a very entertaining manner. Numerous apt quotations from literature show decided versatility in the author and serve to brighten the text. The book is well worth a place in every physician's library.

The Self-Cure of Consumption.—By Chas. H. Stanley Davis, M. D., Ph. D. Published by E. B. Treat & Co., New York.

This book is one which may be safely given to the patient to read. It is written in a non-technical style, and sets forth the various matters connected with the huge problem of tuberculosis in a very lucid and forcible manner. It is an appeal for a rational consideration of the whole question, and for rational behaviour in the treatment of the condition. A sufficient amount of space is devoted to the consideration of causation and prophylaxis, while the measures to be adopted in treatment are discussed fully and well. The book is unquestionably one which should be favourably received.

Infant-Feeding in Its Relation to Health and Disease.—A Modern Book on all Methods of Feeding For Students, Practitioners, and Nurses. By Louis Fischer, M. D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor

in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, Etc. Third Edition, Thoroughly Revised and Largely Re written. Containing 54 Illustrations, with 24 Charts and Tables, mostly original; 357 pages, $5\frac{3}{4}$ x $8\frac{3}{4}$ inches; neatly bound in Extra Cloth. Price $2.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelpia, Pa.

When the third edition of a work is put upon the market scarcely two years after its first appearance, its existence must surely be justified, and praise by the reviewer may be considered superfluous. Of the numerous books which deal with the vexed problems of infant-feeding, none have gained greater popularity than that of Dr. Fischer's, which now comes to us in an enlarged form, and revised in correspondence with the most recent knowledge. The book is replete with information upon all the points which demand consideration in infant-feeding, and contains many formulæ, with explicit directions for the preparation of food. The indications for various modifications of milk are dealt with, and some instances are detailed to show how difficulties may be overcome and a suitable dietary arranged. Among the large number of topics discussed, mention of the following will suffice to show how complete the book is: feeding of infants in incubators, forced feeding, feeding in diphtheria-intubation cases, general rules for rectal feeding, feeding children afflicted with cleft palate.

Colorado Medical Journal, Denver, Colorado—The special tuberculosis number. The number for March, 1904, is devoted to "Pulmonary Tuberculosis." It is approximately double the size of the regular issue of the JOURNAL. We would suggest that all who would like a copy of that number send in their subscription at once, as no sample copies of that issue will be distributed free. A glance over the following list of papers will show that the one number will be worth more than the full subscription price for the year to any practicing physician:

1. Pathology and Bacteriology. By Wm. Krauss, M. D., of Memphis.
2. Relationship between Human and Animal Tuberculosis. By David H. Bergey, M. D., of Philadelphia.
3. Human Immunity (Natural and Acquired) to Tuberculosis. By Frank B. Wynn, M. D., of Indianapolis.
4. Tuberculosis and Heredity. By Alfred Stengel, M. D., of Phila.
5. Susceptibility to Tuberculosis Under Different Conditions. By E. L. Shurly, M. D., of Detroit.
6. Prophylaxis, Including Prevention and Restriction, and the Legal Questions Arising Therefrom. By A. Fanoni, M D., of New York.
7. Extra-Pulmonary Phenomena in Early Pulmonary Tuberculosis. By James B. Herrick. M. D, of Chicago.
8. Diagnosis and Classification. By Albert Abrams, M. D., of San Francisco.
9. What Determines the Clinical Form of the Disease? By Wm. N. Beggs, M. D., of Denver.
10. Medicinal Therapeutics. By Adolph Zederbaum, M. D., of Denver.
11. The Specific Treatment of Tuberculosis. By F. M. Pottenger, M. D., of Los Angeles.
12. The Effect of the United States Climates on the Disease.

(a) High Altitudes in General. By Charles Denison. M. D., of Denver.
(b) The California Coast. By George E. Abbott, M. D., of Pasadena.
(c) The Arid Climates J Frank McConnell, M. D., of Las Cruces.
(d) The Atlantic Coast. By Guy Hinsdale, M. D., of Hot Springs, Va.
(e) The Southern Climates. By Thomas B. Coleman, M. D., of Augusta.
(f) Favorable and Unfavorable Climates for Tuberculosis. By Henry B. Dunham, M. D., of Rutland.

13. Residence Treatment, in Unfavorable Climates. By Joseph Eichberg, M. D., of Cincinnati.

14. Sanitarium Treatment, Including Hygienic and Dietetic Treatment. By Alfred Meyer, M. D., of New York.

15. Complications.
(a) Laryngeal. By F. E. Waxham, M. D., of Denver.
(b) Surgical. By. A. C. Bernays, M. D., of St. Louis.
(c) Cerebral. By David L. Wolfstein, M. D., of Cincinnati.
(d) Cardiac. By Joseph M. Patton, M. D., of Chicago.
(e) Digestive. By James R. Arneill, M. D., of Denver.
(f) Aural. By Melville Black, M. D., of Denver.
(g) Genito-Urinary. By Donald Kennedy, M. D., of Denver.
(h) Tuberculosis and Pregnancy. By T. Mitchell Burns, M.D., of Denver.

16. Preliminary Note on the Effects of Air in Urinary Tuberculosis. By Bransford Lewis, M. D., of St. Louis.

17. Pulmonary Tuberculosis as a Primary Factor in the Causation of Surgical Tuberculosis. By Hamilton Fish, M. D., of Ouray.

18. Psychology of the Consumptive. By John Punton, M. D., of Kansas City.

19. Tuberculosis as an Economic Factor. By C. F. Taylor, M. D., of Philadelphia.

Halftone portraits of the authors will accompany the articles.

This special number is but the beginning of a series which will be given to subscribers from time to time.

Therapeutic Notes.

Lacto-Globulin in Neurasthenia.—Case Report by Dr.———, Montreal. —W. C. aged 32, unmarried, accountant, 5 feet 9 in height, weight 128 lbs., came to me on Sept. 2nd 1903. He is an individual of a quick, nervous versatile temperament. Complains of always being tired. Unable to sleep at night, suffers from dyspepsia. I am informed by his relatives that he makes them as nervous and irritable as he is himself. He has a sense of pressure on the top of his head. During a conversation I find he is distrustful and intensely suspicious of his employer whom he accuses of persecution. Resigned his position and refused to return although offered an advance in salary of nearly 40%. His friends fear he is becoming insane, and request me to take the most expeditious means to hasten recovery. Urine 1022 s. g., no albumin, no sugar, abundant deposit of phosphates.

Seeing that I had a typical case of neurasthenia to treat, I ordered abstention from mental work and rest. Began treatment with calomel 1 grain every hour until six doses of 1 grain had been given. This was followed by the administration of a seidlitz powder.

Lacto-Globulin was given as a general and nerve tonic, one teaspoonful of the powder in a half cup of water allowed to soften for 15 minutes and then warmed with an equal quantity of milk. This was given every two hours during the day. A large cup of Lacto-Globulin was given at night as a sedative and acted in producing a very refreshing sleep. A sponging with tepid water over the body was administered every morning followed by a vigorous dry rub. Water given freely, and the bowels kept patent by sodii et potassi tartrate ℥II to ℥IV in a glass of water 3 times a week.

I administered strychnia sulph. 1/60 grain 3 times a day. I increased the quantity of Lacto-Globulin to 3 to 4 tablespoonsfuls a day in solution. On September 17th, I found the patient had gained 6½ lbs. in slept weight, well, and was feeling much improved. The pain over the vexter of the head had disappeared, patient was still nervous, but his complexion was much clearer and he looked healthier. I may say that after the first few days of treatment, he had been directed to go out in the air daily for a walk. He was allowed eggs, oatmeal, milk, butter, bread cereals and vegetables, but no meat. I had replaced the meat by Lacto-Globulin. Thirty-four days after the beginning of treatment he had increased in weight to 143 lbs. and said he never felt better since years. I have since seen the patient who continued the treatment for three months and the last time I heard from him, one month ago, he was in excellent health and his body weight was 152 lbs.

In Spite of Teachers and Text-books.—The days of the cotton jacket and the linseed poultice seem to be past. Perhaps the applications valued most highly by medical teachers at this time are the cold ones, either in the form of ice-bags or cold compresses frequently changed. These, when placed over the seat of disease, seem to give decided relief, to modify the temperature, and to hasten early resolution. But in spite of their advocacy in the text-books, the rank and file of the profession do not take to them kindly.

Antiphlogistine now enjoys perhaps greater popularity in the treatment of pneumonia and other acute respiratory diseases than any other local application. This popularity seems to be well-deserved. It may not modify the course of the disease to any great extent, but it certainly proves of the greatest confort to the patient, and helps to ameliorate some of the troublesome symptoms which are characteristic of the disease. Antiphlogistine must therefore be considered a distinct addition to our therapeutic armamentarium.—*The Medical Standard, March, 1904.*

N. C. Vaughan, M. D., of Cincinnati, O., graduate of Howard University, Washington, D. C., 1896; member National Association Colored Physicians & Surgeons; member Ohio State Medical Society; member Cincinnati Academy of Medicine, writing, says: "I most cheerfully recommend Sammetto for prostatic and bladder troubles. It makes peace with the stomach, is readilyassimilated, has special affinity for the urinary tract, healing and giving tone to the diseased parts."

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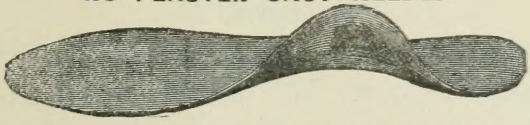

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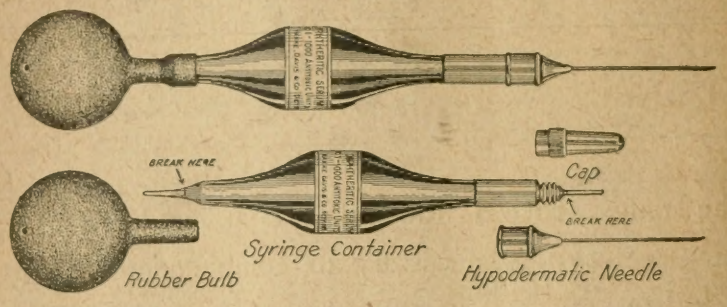

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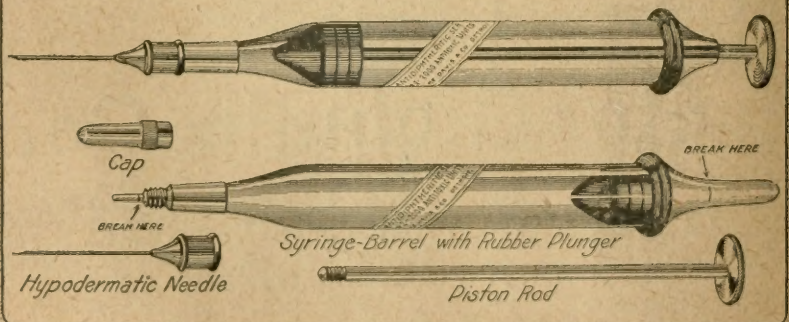

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